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LIDERES COMUNITARIAS: EVALUATION OF COMMUNITY WORKSHOPS ON  
DOMESTIC VIOLENCE

by

ROSEMARIE LILLIANNE MACIAS

Under the Direction of Julia Perilla, PhD and Gabriel Kuperminc, PhD

ABSTRACT

Domestic violence (DV) affects communities across a variety of nations and cultures, at significant physical, psychological, and economic costs to families. In the United States Latino families affected by DV often face unique challenges influenced by changing ecologies and personal as well as political histories. Peer-led workshops are one way for communities to disseminate information about social issues like DV in a culturally relevant manner, and they have the potential to promote capacity for addressing DV within communities. The impact of peer-led DV was examined using an embedded mixed-method design, where participant feedback collected throughout the study served to enhance the nonequivalent control group survey portion of the study. It was hypothesized that sense of community would moderate the

relationship between workshop participation and capacity measures of knowledge, communication, and identification with Latina community leaders. Data screening and linear regression found no effects of workshop participation for knowledge and communication. A linear regression supported the hypothesized workshop by sense of community interaction effect, where individuals with higher sense of community were more likely to connect with workshop leaders in the workshop condition. Themes that emerged from the analysis of qualitative data from individual questionnaires, researcher notes, and a group interview were: (1) connection to the larger community organization, (2) family communication about domestic violence, (3) interest in support for Latino youth and (4) community leader's testimonies of their own experiences of violence. Together, quantitative and qualitative findings lend weight to the notion that peer interventionists can establish meaningful connections and trust with community members based on their own lived experiences. Further research is needed to link this strength in a peer-led DV program to gains in capacity domains like knowledge. Overall, the results of this study extend research on cultural specific DV community programs and provide recommendations for community organizations seeking to evaluate community-based programs.

**INDEX WORDS:** Capacity, Community-based, Domestic Violence, Evaluation, Families, Intimate Partner Violence, Latina, Latino, Leadership, Participatory Research, Promotora

LIDERES COMUNITARIAS: EVALUATION OF COMMUNITY WORKSHOPS ON  
DOMESTIC VIOLENCE

by

ROSEMARIE LILLIANNE MACIAS

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

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Georgia State University

2014

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2015

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## DEDICATION

This dissertation is dedicated to my family, including my grandmothers Luz Macias and Mary Cathaleene Jones, wonderful *líderes* in their own right, and to my son, Jaiden, who I've had the pleasure of watching grow as a thoughtful, curious, and adventurous child through the course of this work.

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## 1 INTRODUCTION

Violence that occurs in the home between one or more family members, also referred to as domestic violence (DV), is a problem that affects all cultural groups and continues to be examined and studied across multiple national and cultural boundaries (WHO, 2002). Cultural, historical, and political factors all strongly influence the forms DV takes as well as unique antecedents, experiences, and barriers to services, particularly among Latinas and their families (Perilla, 1999; Pessar & Mahler, 2006; Rodriguez, Serrata, Rosales, Perilla, & Macias, 2012). However there is a scarcity of research examining culturally-specific DV prevention and intervention programs that capitalize on existing strengths of community members (Perilla, Serrata, Rosales, & Lippy, 2012). Perhaps this is due, in part, to the challenges inherent in studying a vulnerable, heterogeneous, and changing ethnic-minority population in the United States.

In the summer of 2011, I joined a small group of women adapting a leadership-training program in Atlanta, GA, designed to capitalize on existing strengths of Latina community members. The leadership program (Líderes) was developed by Casa de Esperanza, an organization originally established as a shelter in Minnesota by a small group of Latina advocates that is now a national institute on DV. The Líderes program explores and develops participants' natural leadership abilities and engages women in empowerment processes (Serrata, 2012). The program has been implemented in sites across the U.S. and the process of adapting the program has been documented at Caminar Latino, an Atlanta-based domestic violence intervention for Latino families (Serrata, 2012; Macias, 2013).

The purpose of this study is to extend research on peer model programs and DV prevention in Latino communities. In this introduction key justifications for a community-based

evaluation of Latina-led workshops on DV are outlined. In addition to outlining the scope of DV within Latino communities, I argue that traditional approaches for addressing domestic violence are limited by a Eurocentric focus and intervention only after violence occurs. Additionally, research on lay health worker and peer-model programs, including *promotoras de salud* (health promoters) is summarized to provide a picture of research to date on similar peer models. Finally, the development of the Líderes program within its sociopolitical context provides a foundation for understanding the theoretical and philosophical frameworks that, in turn, inform a set of specific hypotheses and goals for the proposed study.

### **1.1 DV in Latino Communities**

In this section I review research on DV, to include intimate partner violence (IPV), child witnesses of DV, and help-seeking behaviors, in order to provide a comprehensive picture of our understanding to date of DV as it has been examined in Latino families. The term domestic violence is used to refer broadly to violence in the home. It is important to note that the majority of available research overlooks potential markers of strength and resilience within families and communities, and is limited by a focus on male-to-female IPV. One explanation is a reliance on medical models versus theories that acknowledge contextual realities of individuals affected by DV. It is therefore useful to first outline the theoretical frameworks that inform an evolving understanding of violence in families and communities, including theories that contextualize violence in the home within broader systems.

Bronfenbrenner (1986) viewed individual development as influenced by multiple environmental systems. Individuals affected by DV are embedded in a series of increasingly larger systems, ranging from the individual to family, community, and larger societal structures

(Perilla, Bakeman, & Norris, 1994). Prilleltensky (2012) asserts that deeply embedded issues of oppression like economic exploitation of Latino immigrants exist at the societal level.

Intersectionality, a term coined by Crenshaw (1989) describes the overlapping, and often conflicting, connections between race, gender, and class distinctions in any society. A concept often considered together with ecological theory, intersectionality is a useful lens for guiding the design and delivery of program interventions (Perilla et al., 2012; Serrata, 2012; Sokoloff, 2008). Specifically, intersectionality brings attention to aspects of diversity that together influence an individual's or group's unique experience of DV as well as their behaviors and access to services. For example, Latina immigrant parents who are undocumented often do not share the same ability to engage in citizen participation as their U.S. born counterparts and experience more financial stress. As a result, work stability and support for children may hold more relative importance over separating from an abusive partner. In this instance, multiple aspects of identity and micro and macro levels of influence contribute to a unique set of needs, abilities, and strengths. Together, ecological and intersectionality theories provide a useful frame for understanding the scope of the problem of violence in Latino homes.

The paucity of research on DV in Latino communities limits understanding of rates of the social problem of DV in Latino communities. While reliable incidence estimates are difficult to obtain for Latino groups, broader DV estimates are nonetheless informative for DV programs in Latino communities. Specifically, women represent the majority of physical assault survivors, with an annual rate of 44.2 per 1000 cases compared to 31.2 for males, and women are more likely to experience physical assault or rape by an intimate partner (Tjaden & Thoennes, 2000). The self-empowerment of women as they take on leadership roles has been one avenue to address DV in Latino communities (e.g. Serrata, Macias, Rosales, Rodriguez, & Perilla, 2015).

Within Latino communities, the one-year prevalence rate for DV is estimated at 5.3% (McFarlane, Groff, Watson, & Watson, 2005) and the prevalence over the course of a relationship is estimated at 15.2% (Cho, 2012). One national survey intentionally over-sampled Hispanic/Latina women to understand within-group differences, and found significant differences among Puerto Rican (20.4%), Mexican American (17.9%), Mexican (10.5%), and Cuban American (2.5%) couples' reports of male-to-female DV (Aldarondo, Kantor, & Jasinski, 2002). In a study examining over 1500 police reports of DV in a Northeastern United States community, 22% of Latino youth reported witnessing violence in the home (Fusco & Fantuzzo, 2009).

Rigid gender roles, for instance male dominance and aggression toward women, paired with more unique societal influences such as immigration policy, likely influence the emergence of unique forms of violence. Among Latino groups, unique forms of violence are often not captured using measures and methodologies developed in a Eurocentric tradition (Perilla, 1999). These include threats by perpetrators to take away children, interference in childcare or survivors' ability to work, threats to report partners to immigration authorities, and even sending women to their country of origin temporarily as a control tactic (Kelly, Lesser, Peralez-Dieckmann, & Castilla 2007; Mankowski, Galvez, & Glass, 2011). The various forms and effects of DV in Latino homes are important considerations for program development and evaluation efforts. Programs like Líderes can go beyond linguistic competency in working with Latino families to share cultural-specific knowledge about DV and resources (Serrata et al., 2005). And evaluators must acknowledge the vulnerability of undocumented Latino adults and children as immigrant families may fear disclosing personal information that can potentially reveal their immigrant status (Ammar, Orloff, Dutton, & Aguilar-Hass, 2005). These cultural

considerations among Latino groups are also relevant to the help-seeking behavior of Latino adults coping with DV, underscoring the need for greater community-based support around the issue of DV.

Compared to non-Hispanic white women, Latinas in the United States are less likely to contact formal help sources or shelters (Ingram, 2007). Research suggests Latina women prefer to tell family members, female friends, or neighbors about experiencing violence from a partner, in contrast to non-Latinas who are more likely to tell health care workers (Ingram, 2007; Zarza & Adler, 2008). Immigrant Latino adults and their children, in particular, may face unique barriers to accessing services, possibly due to fear of deportation (Ammar, Orloff, Dutton, & Aguilar-Hass, 2005; Dutton, Orloff, & Hass, 2000; Rodriguez et al., in preparation). Despite barriers to services, including linguistic and other cultural aspects of programs and differences in help-seeking behavior, Latino families affected by DV often demonstrate resilience and strength. Latina survivors in particular have reported multiple strategies to cope with abuse. Such strategies include utilizing interpersonal skills, such as placating the batterer, teaching children to call the police, and turning to community networks to obtain emotional support (Brabeck & Guzman, 2008). Notably, the relationships among members of a family unit, including aspects of care giving and communication, appear to buffer or act as coping responses to DV among families (Howell, 2011; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009; Ingram, 2007). There is evidence that a mothers' mental health, positive parenting, and temperament all relate to wellness in children with ongoing or past family histories of DV (Howell, 2011; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). To date, no studies have investigated other aspects of family relationships, including open communication about DV, that have the potential

to facilitate behavioral change and the development of skills in conflict resolution and safety planning.

Unique patterns of help-seeking behavior may have a reciprocal relation with myths about domestic violence, particularly in the context of gendered violence. Gender-based violence includes violence against women and domestic violence, but also goes beyond violence in the home to include other forms of violence sustained by restrictive gender norms. Knowledge about domestic violence may be influenced by rigid gender norms and expectations within relationships that vary by religion and ethnic background.

### ***1.1.1 DV knowledge: Myths and Cultural Considerations***

DV myths include factual misunderstandings about DV, the availability of help, complexities of the legal system, and how advocacy organizations function (Walsh, Spangaro, & Soldatic, 2015). Pertinent to the present study, many undocumented immigrants believe that they must have legal status in the United States in order to qualify for professional assistance or believe that if they do report DV or seek formal help, they will be encouraged to leave their partner or spouse (Ogbonnaya, Finno-Velasquez, & Kohl, 2015).

DV myths include victim precipitation beliefs, or “victim blaming,” that contribute to attitudes that it is sometimes OK to use violence against a partner. Such beliefs are prevalent among college students (Policastro & Payne, 2013; Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, & Swindler, 2012), DV perpetrators and survivors (Craig, Robyak, Torosian, & Hummer, 2006), and even family advocates (Maier, 2012). A recent review of articles on domestic violence published over a period of three decades in the *Australian & New Zealand Journal of Family Therapy* demonstrates that the prevalence of DV misperceptions has prompted scholars to approach these myths as legitimate concerns that must be refuted through academic debate and

empirical research (Brown & James, 2014). Victim-precipitation myths informed the question that it is sometimes “OK to hit a partner,” in the present study.

There are also myths concerning broader family systems and cultural groups, including misunderstandings regarding the effect of violence on children. It is often assumed that DV affects children only if they witness the violence directly. However, children who live in a home where there is DV are adversely affected whether or not they observe the violence directly or experience mistreatment themselves (Jouriles, Vu, McDonald, & Rosenfield, 2014), and young adults who grow up in a household with DV often experience emotional damage or a heightened sensitivity to violence, even if they never observe DV first-hand (Idemudia & Makhubela, 2011; Postmus, McMahon, Warrener, & Macri, 2011).

Myths about domestic violence are also often rooted in cultural beliefs about gender roles (Fernández, 2006; Serrata et al., 2015), particularly rigid social norms that restrict women’s behavior and limit their autonomy and personal power. For instance, in many cultures, it is acceptable for a husband, father, or other dominant male relative to hit a woman if she is disobedient. This gender-related belief is so prevalent it transcends ethnicity and country of origin (e.g. Davoudi, Rasoulilian, Asl, & Nojomi, 2013; Haj-Yahia, Sousa, Alnabilsy, & Elias, 2015; Kunnuji, 2015; Marques-Fagundes, Megías, García-García, & Petkanopoulou, 2015; Popescu et al., 2009). The patriarchal devaluation of the female largely accounts for the persistence of male-on-female DV throughout the world, even when taking into account other known predictors of DV, such as the stress of poverty, rural isolation, and migration (Becker, Mathis, Mueller, Issari, Atta, & Okado, 2012; Hall, 2012; Makahamadze, Isacco, & Chireshe, 2012; Tang & Lai, 2008). Less understood is whether DV myths can be dispelled and inaccurate knowledge regarding access addressed in communities using preferred informal sources of

support. Overall, the problem of DV among Latino families is understudied and limited by difficulty in obtaining accurate prevalence and incidence rates in a heterogeneous population that includes immigrant and migrant groups reflecting different cultures and histories. Additionally, unique control tactics used by perpetrators and cultural differences in help-seeking behavior create challenges for researchers working with more traditional service agencies (Perilla et. al, 2012). Based on the literature that does exist, Latino families appear particularly vulnerable to the ill effects of DV on the basis of differing experiences by country-of-origin, immigration status, gender, and policy. Sparse attention has been given to building on existing capacity of Latino populations to address the problem of DV within their own families and communities. This is unfortunate given that Latino families, including women and children, actively cope with violence in the home despite a shortage of culturally relevant services (Brabeck & Guzman 2008; Ingram, 2007; Martinez-Torteya et al., 2009) and so they could be prime candidates for increasing their knowledge and skills base regarding this social problem.

## **1.2 A Case for Peer Models of Prevention and Intervention for DV**

The previous section reviewed information regarding our understanding to date of the scope of DV in Latino families and communities in the United States. Unique forms of violence, barriers to service, help-seeking behavior, and myths surrounding DV are all factors important to understanding the relative fit of intervention and prevention efforts for Latino families. The underrepresentation of Latinos in research on traditional services paired with these contextual considerations suggest that community-based research and prevention are the most appropriate approaches for understanding and addressing violence in Latino families.

Unfortunately, the traditional focus on individuals and the construct of “victims” in DV intervention is misaligned with community-based practice (including prevention) in important

ways (Gullotta, 1994). Traditional responses to DV include health care screenings and referrals, shelters, and women's support groups (Ingram, 2007). However, community agency responses to domestic violence typically occur only after violence has escalated. Few DV agencies intervene in families to prevent DV, and many ignore women's and other community members' ability to raise consciousness and understanding about DV in their own local communities. There are approximately 1,200 DV shelters in the United States (Lyon, Lane, & Menard, 2008), but very few of these shelters have the resources to work with Latino community leaders to address DV prevention (Ingram, 2007), and this lack of intervention at the community level may contribute to high incidence rates, especially in low-income communities that have few family services available. Engaging survivors of DV in family oriented counseling, support groups, and advocacy has the potential to empower communities to reduce the incidence of DV. Historically, the need of the Latino community for DV intervention services exceeds the number of culturally competent advocates and professionals available in most communities (Gullotta, 1994; Ingram, 2007; Perilla, 1999).

By examining DV in a manner consistent with the needs and preferences of families, and offering support directly within communities, community practitioners have the opportunity to capitalize on existing strengths and abilities of Latina women and families. One way to accomplish this is by disseminating information and resources relevant to DV in a culturally specific way, relying on existing community strengths and connections, and promoting community capacity to address DV. This may be accomplished by connecting individuals to needed services and resources and through seemingly modest behavioral changes, including promoting communication about DV with a child or other family member. Even very young

children are sensitive to violence in their homes and capable of understanding it in ways that minimize their own sense of responsibility (Fusco & Fantuzzo, 2009).

Organizations and advocates acknowledge the limits of traditional intervention efforts for DV (Perilla, 1999; Serrata et al., 2015). Rather than wait until violence escalates and police or other social agencies become involved, communities and allies have engaged in activities and programs to foster awareness and action around the issue of DV. In our research groups' extensive look at the literature on DV intervention and prevention efforts in Latino communities, we identified few studies that used a peer-intervention model to disseminate information about DV and even fewer that evaluate DV program elements specifically (Bonilla, Morrison, Norsigian, & Rosero, 2012; Kelly et al., 2007). Using qualitative methods, respondents in one study revealed positive consequences for both the peers (community health workers) and women who attended their DV presentations (Kelly et al., 2007). For peer presenters, these benefits included better communication skills and gaining of expert knowledge. Primary benefits reported by presentation attendees were gaining of practical information, increased sense of commitment to share this information, and increased awareness that men must be included in DV advocacy and intervention. Recently, results of an evaluation of training of Latina peer leaders found support for the empowering effects of this approach on women trained as community leaders (Serrata, 2012; Serrata et al., 2015). Clearly more documentation and evaluation research is needed for Latina-led programs. Linking existing research to relevant theory can facilitate this process and guide evaluation efforts.

### ***1.2.1 Relevant Theoretical and Philosophical Orientations***

It is helpful to distinguish between theory used to describe a phenomenon, as when ecological and intersectionality theories are used to conceptualize DV, versus theory as a guide for measurement and practice. Community-based health promotion efforts, including peer-led programs, have traditionally been informed by theories borrowed from social psychology for linking program activities and outcomes (e.g. Freudenberg, 1995). In this section, an overview of the contributions of theoretical orientations and philosophical approaches to the present study are discussed.

*Concientización*, or critical consciousness, describes the pedagogy developed by Paulo Freire in 1970, and later introduced to mainstream clinical psychology by Ignacio Martin-Baró in 1994. *Concientización* is the process of becoming aware of one's place in society and developing both a critical understanding of the history of societal oppression, and active opposition to oppression in a person's environment (Freire, 1970; Martin-Baró, 1996; Perilla, 1999). For Latino communities, families and individuals must understand the history and current social conditions of their country of residence, and if they are also immigrants, the history and social conditions they experienced in their country of origin (Perilla, 1999). For these reasons it is not surprising that *Concientización* is cited in the development of community-based, Latina-led workshops and presentations (Kelly et al., 2007; Macias, 2013), particularly given its utility in understanding the roles of health educators in building community capacity (Freudenberg, 1995). Capacity, in this sense, can be defined as individual and collective ability to mobilize and work toward addressing health needs or social problems (Goodman et al., 1998; Smith, Littlejohns, & Roy, 2003).

The historical development of *Concientización* by Latin American scholars, who sought to engage communities to resist oppression and create social change, is consistent with the capacity-building approach of peer model programs (Balcazar et al., 2011; Kelly et al., 2007; Freire, 1970; Martin-Baró, 1996; Perilla, 1999). While the domains of community capacity have varied over time and from one setting to another, some elements appear to be relatively consistent, and scholars in this area of research have offered that “communities may be guided by general sets of domains but they need the flexibility to translate these into their own terms and modify or adjust them as appropriate” (Smith et al., 2003, page 17).

Particularly relevant to this study are the community capacity domains of knowledge, leadership (e.g. identification with community leaders), participation in local activities, communication among members, and sense of community (Chaskin, 2001; Gibbon, Labonte, & Laverack, 2002; Goodman et al., 1998; Smith et al., 2003). While the majority of these domains can be operationalized in a variety of ways, sense of community usually refers to the construct proposed by McMillan and Chavis (1986), and reflects the extent to which members of a community feel connected to their community emotionally and in terms of needs fulfillment and influence. Associations among the various domains of community capacity have not been well theorized, but there is strong evidence that individuals who feel more connected to their community are more likely to have greater involvement with that community (Speer, 2000; Speer & Peterson, 2000; Peterson & Reid, 2003). A recent meta-analysis of 23 community studies reported consistently positive, moderately strong associations between sense of community and level of participation (Talò, Mannarini, & Rochira, 2014).

These findings suggest that individuals are more likely to disseminate and communicate information about a social problem (such as DV) more frequently and with more people if they

are more connected in their community. The domains of knowledge, resources, and sense of community are useful to keep in mind when reviewing the literature on peer models similar to the Líderes program.

### ***1.2.2 Promotoras, Community Health Workers, and Peer Leaders***

The research on peer intervention and peer leadership development can be categorized by a focus on (1) impacts on community leaders and health workers through development of existing skills, and (2) impacts on community members attending peer-led workshops and other activities. The current project brings attention to the latter. Additionally, researchers have identified a need for cost-benefit analyses to determine whether peer programs that address specific social issues are effective above and beyond existing service models. In one review of the literature on Community Health Workers (CHWs), including *promotoras de salud*, over half of 275 studies reported that CHWs activities reached low-income women and children (Swider, 2002). Other populations reached through this model include intravenous drug users and homeless and mentally ill individuals (Swider, 2002). Thus, these programs appear to be well documented for use with hard-to-reach and vulnerable populations, supporting the use of similar peer-led activities with the growing Latino population in Georgia, a large proportion being immigrants from Latin American countries. One program documented the development of a training guide for *promotoras* providing workshops on a range of health topics, including partner violence, for immigrant Latina women (Bonilla et al. 2012). While Swider (2002) found that some studies in their review obtained specific outcomes for community targets, more research is needed to understand the impact of peer delivered workshops in underserved communities and the mechanisms by which they are effective beyond other program models.

Increasing community awareness is one avenue for increasing capacity for addressing DV in communities. However, the impact of peer model programs on knowledge is not well understood. That is, there is inconsistent evidence that such programs lead to a change in knowledge about a specific health issue (Swider, 2002). In our own experience with implementing a leadership training program for Latinas we found that previous exposure to knowledge about the topic from other program models may have contributed to lack of program effects for knowledge gain because knowledgeable participants had less to learn from the training program (Serrata, 2012). More research is needed regarding the effectiveness of peer intervention on personal knowledge of specific social or health problems. As mentioned previously, individuals in Latino communities may believe that undocumented status may preclude them from receiving needed health and psychological services, or contribute to fears about help-seeking when affected by violence at home (Perilla, 1999; Rodriguez et al., in preparation). Providing culturally relevant information (e.g. dispelling myths about accessing resources) and providing basic information about DV through informal networks may be important elements in building capacity in communities by building critical consciousness around this issue. Additionally, the development of new research instruments for specific communities can help mitigate problems that arise when studies use instruments that have only been validated with Caucasian, upper middle class samples (Cho, Holbrook, & Johnson, 2013). Finally, exploring cultural-specific knowledge domains can provide evidence for the effectiveness of culturally relevant services, including peer models, above and beyond traditional service models.

Behavioral outcomes associated with CHW and *promotora* peer models generally address access to resources and services, or disease management. Typical outcomes include improved

health care management, adherence to diet requirements or medications, and improved use of medical services (Swider, 2002). However, to date, no CHW or *promotora* studies have targeted outcomes in behavioral domains related to community membership and the capacity for a community to improve the lives of its members.

The existing body of outcome research on peer model interventions provides support for the viability of the present study, but also highlights how the present study can contribute to this field of research. First, while there is good evidence that peer models are able to successfully connect community members to needed services and resources and also influence behavior, there is to date no study that explores these outcomes regarding the issue of DV in Latino communities. Second, the mechanisms and processes underlying positive behavior change are not well understood, and the present study seeks to elucidate the mechanisms that lead to positive outcomes for individuals who interact with community leaders, CHWs, and *promotoras de salud*. Third, there is inconsistent evidence for the positive effect of peer models on knowledge acquisition, and the present study's use of cultural specific measures of knowledge acquisition may increase the likelihood of demonstrating peer program effectiveness in this outcome domain. The present study is intended to serve as a stepping-stone to future research in these areas and provide Caminar Latino and the community leaders with information that can guide the development of future workshops and services.

A small number of studies have found evidence that CHWs may be more effective in some respects than professionals, possibly because peers are representative of an individual's community and are more trustworthy (Flax & Earp, 1999; Wolff et al., 1997). This sense of connection may facilitate learning and behavioral changes by tapping into an individual's identification with their community, though no studies to date have investigated the relationship

between identification with community leaders and capacity. Again, it may be that community connection, also positively linked to community participation and mental health (Peterson, Speer, & McMillian, 2008; Ohmer, 2007), may be one mechanism by which culturally based interventions are effective in underserved populations.

### **1.3 Líderes: Context and Considerations for Evaluation**

The Leadership Development for Latinas training program was created to promote leadership development among Latina women, including the development of skills and information to support their roles as *líderes* (leaders) providing *talleres* (workshops) to other Latinas. Because the adaptation of the program in Atlanta, GA, was done with a group of Latina survivors of DV, aspects of the leadership training were tailored specifically for working with issues specifically related to DV (Macias, 2013; Serrata, 2012).

The program aim is to tap into the natural leadership skills of Latina community members to share critical information & resources, build community, and promote healthy relationships (Serrata, 2012). This is important given the 2010 U.S. Census indicates that 10% of residents in the Atlanta, Georgia metropolitan area are Hispanic (Atlanta, Sandy Springs, Marietta, GA Profile Summary). Eight members of the first training group were mothers and many were employed in diverse occupations at the time of recruitment, including house cleaner, nanny, restaurant employee, teacher, and hair stylist (see Serrata et al., 2015). Moreover, the Latina community leaders reflect the increasingly diverse Latino community in Atlanta and surrounding areas, many of whose members are immigrants from Latin American countries. Members of the first training group of *líderes* in Atlanta were all born outside of the United States (Mexico, Colombia, El Salvador, and Honduras).

Evaluators have long attested to the importance of engaging community stakeholders (in this instance, the workshop leaders), or those who have influence or are influenced by the community (Conyne, 2010). Leaders within Latino communities can sometimes be more difficult to identify than leaders in other United States populations because the power they hold is often less visible, or less likely to be wielded in traditional ways, such as public endorsement of local politicians. This is especially the case when a leader does not have legal residence. This is one reason that the passing of anti-immigrant legislation in recent years (House Bill 87) is an important ecological event in Georgia. Despite the challenges facing immigrant Latinos in Georgia, it is important to include community stakeholders in program evaluations as they have earned credibility in their communities through other forms of contribution. Community members may be active in the neighborhood associations, churches, or schools, for example.

### ***1.3.1 The Líderes DV workshop intervention***

The specific aspect of the Líderes program evaluated in this study was a DV workshop led by Caminar Latino community leaders in the greater Atlanta area on two separate dates in the winter of 2014 and spring of 2015 at a church and a Caminar Latino parenting group. Three Latina community leaders led both workshops. All the adult community leaders in the Líderes program had been connected with Caminar Latino for 5 years or more as volunteers and/or were receiving services themselves. All had histories of domestic violence.

Both of the two workshops were conducted in Spanish and contained the elements presented in Table 1. The workshop was developed by the community leaders based on their leadership training with the organizations Caminar Latino and Casa de Esperanza, research summaries provided by National Latino Network, and their own experiences with violence and Caminar Latino services.

Table 1 Domestic Violence Workshop Outline

Section	Topics Covered
Introduction and DV Overview	What is Domestic Violence?
Types of Violence	Physical
	Emotional
	Verbal
	Sexual
Effects of Violence	Effects on Women
	Effects on Men
	Effects on Children
Poem Reading	<i>Hoy Recibi Flores</i> [Today I Received Flowers]
Support and Assistance for Domestic Violence	Description of Caminar Latino
	Support Line

#### 1.4 Study Aims and Hypotheses

The purpose of this study was to examine the impact of peer-led community workshops on workshop participants, and to examine the feasibility of using an adaptive measurement tool (e.g. a questionnaire that may change based on the different workshop topics or program sites) for Líderes community presentations. Based on the empirical basis for peer model programs and the theoretical relationships among the various constructs reviewed in previous sections, the following hypotheses were proposed:

H1: A moderation effect was predicted wherein workshop participants with a stronger sense of community at pre-test would report greater ability to communicate about DV with family and friends at post-test when compared to workshop participants with a weaker sense of community at pretest. Control group participants' reports of communications about DV to family and friends were not expected to vary based on their sense of community.

H2: A moderation effect was predicted wherein workshop participants who have a strong sense of community at pre-test would demonstrate greater knowledge about DV at posttest compared to workshop attendees with a weaker sense of community at pretest, while control group participants' DV knowledge was not expected to vary based on their sense of community.

H3: A moderation effect was predicted wherein workshop participants who have a strong sense of community at pre-test would be more likely than workshop attendees with a weaker sense of community to view the Latina community leaders as members of their own community, while control group participants' perceptions of community leaders as members of their own community would not vary based on their sense of community.

#### ***1.4.1 Qualitative research questions***

In line with the participatory nature of the study, participants were asked for their perceptions and impressions of the leadership program, Líderes, as well as their reactions and interpretation of quantitative study findings.

## 2 METHOD

The questions and hypotheses about the impact of the peer-led workshops on community participants were examined using an embedded mixed- methods design where a qualitative component served to enhance the quantitative portion of this evaluation (Creswell & Clark, 2007). The quantitative element of this evaluation was a quasi-experimental, pre-test and post-test, non-equivalent control group design.

### 2.1 Procedure

#### *2.1.1 Recruitment*

IRB approval was provided through Georgia State University. Participants were recruited through the community organization Caminar Latino, local churches, and a health outreach. 26 participants attended a peer-led workshop. Informed consent was obtained by a bilingual research assistant in the language of preference of the participant. Literacy was not assumed and participants were interviewed by a bilingual research assistant using a standard script in a semi-private area. Participants were given copies of consent forms with important points summarized verbally by a research assistant, including purpose, benefits and risks, and contact information. The voluntary nature of the evaluation study was emphasized. Caminar Latino advocates and volunteers, including the student P.I., were available during data collection. All participants were given a small gift bag for their participation that did not exceed \$10 in value.

Individuals that attended one of two workshops during the study period were given a brief questionnaire before and after the workshop (See Appendix 1). Efforts were made to recruit a control group similar to the workshop group by visiting the church where Caminar Latino provides services, a parenting group not focused on DV, and a health outreach program in a predominately Latino neighborhood. Control group participants were informed that withdrawing

from or failing to participate fully in the research study would not affect their ability to attend future workshops. After obtaining informed consent, control study participants were immediately administered a pre-survey and a post-survey after participating in the parenting group, waiting with their children and other parents at a church, or after an exercise class.

Qualitative data were collected during individual interviews with both workshop and control groups through open-ended questions and researcher notes made in the survey margins. Participants were also invited to continue to be involved with the study by participating in a group interview during informed consent. The group interview was held at the Caminar Latino offices in the spring of 2015, moderated by two bilingual research assistants, and audiotaped with permission from participants. Out of approximately a dozen individuals that provided consent for a discussion group, 4 confirmed for the meeting time, and of these, 2 attended. Steps provided by Morgan, Krueger, & King (1998) for community-based focus group studies were utilized to structure the discussion and optimize comfort and rapport. Participants were asked to describe their experience and impressions of the program and for their opinions on the preliminary quantitative findings. Research associates reviewed survey questions and shared the expectation that the peer-led, DV workshop would positively impact knowledge and communication. Participants were told a summary of responses to the knowledge and communication survey questions, specifically that (1) participants demonstrated similar levels of DV knowledge across workshop and control groups and (2) overwhelmingly reported a willingness to discuss to talk about DV with friends and family. Participants were also informed that connection to community related to how positively participants viewed community leaders.

## 2.2 Measures

The evaluation form was adapted for this study in order to capture outcomes of community capacity consistent with the program logic model (See Appendix 1 and 2 for the IRB approved surveys). In addition to the measures described below, demographic information and potential control variables (e.g. previous exposure to DV knowledge) were included.

### 2.2.1 *Cultural-specific knowledge*

A scale was developed for this study that included knowledge and endorsement of common misconceptions that apply to Latino and immigrant groups (Serrata, 2012). Participants responded to the 6-item survey using a 10-point Likert scale with 0= not true and 10= very true (items can be seen in Appendix 1). This knowledge test was adapted for the current project based on the experience of community practitioners and researchers from the National Latino Network (Serrata, 2012), so it has not yet been validated against external measures. Strong ceiling effects suggest a need for additional items more appropriate for samples that have already been exposed to basic information about DV. Coefficient alpha (internal consistency) was low ( $\alpha = .35$ ), as would be expected for a scale designed with minimal redundancy in topics (Cho & Kim, 2015; Sijtsma, 2009). For example the scale contains only one item that concerns the effects of DV on children, “Children are only affected by DV when they witness violence directly.” Scale data collected using instruments with few items, small samples and/or skewed score distributions will tend to have lower alpha values regardless of whether they measure a general level of knowledge. Therefore the knowledge scale was used simply as a sum score of confidence in correct answers (Thurber & Kishi, 2014).

### 2.2.2 *Sense of community*

The Brief Sense of Community Scale (BSCS) was adapted for the purposes of this study to explore connection to community as a possible mechanism by which community leaders can influence attitudes, behaviors and knowledge. Participants responded to the 7-item scale using a 10-point Likert scale with 0= disagree and 10= strongly agree. This measure has been demonstrated to have good construct validity and reliability (Peterson et al., 2008). It incorporates constructs of needs fulfillment, membership, influence, and emotional connection from the underlying theory proposed by McMillan & Chavis (1986). Reliability estimates reported in the validation study conducted by Peterson, Speer, & McMillan (2008) were high (Cronbach's alpha = .92,  $M = 3.81$ ,  $SD = .79$ ). Subscale alphas were: .86 for needs fulfillment ( $M = 3.65$ ,  $SD = .98$ ), .94 for group membership ( $M = 4.18$ ,  $SD = .92$ ), .77 for influence ( $M = 3.50$ ,  $SD = .87$ ), and .87 for emotional connection ( $M = 3.91$ ,  $SD = .89$ ). In our sample, the 7-item Sense of Community scale demonstrated good reliability ( $\alpha = .82$ , see Table 2 in Results for scale means and  $SD$ ).

### 2.2.3 *Perception of community leaders*

An item was created to measure the extent that Latina community leaders were viewed as representative of participants' communities: *Siento que las mujeres en el programa Líderes son miembros de mi comunidad* [I feel the women in the Líderes program are members of my community]. Participants responded to this question using a 10-point Likert scale with 0= disagree and 10= strongly agree. This single item was adopted instead of a multi-item scale because of the importance of creating a brief survey and evidence that single items that are designed to measure a global construct in a clear, unidimensional way can have construct validity comparable to or better than the validity of a multi-item scale designed to measure that

same construct (Carey et al., 2014; Gogol et al., 2014). While allowing participants' to follow their own judgment for determining the closeness of Latina leaders to their own idea of community membership, there are also threats to validity in the sense that an individual's basis for evaluating others may be based on different criteria (e.g. ethnicity, contact with leaders). In the current study, the construct validity of this single item could not be tested because the question was designed to measure study participants' subjective impressions, which were not expected to necessarily match the community leaders own self-perceptions or actual behaviors. Also, the test-retest reliability of this measure cannot be reported because the question was asked only at posttest.

Participants were also asked whether they would request referrals from the community leaders (Yes/No), and if they attended a workshop, their satisfaction with the workshop on a 10-point Likert scale (0= Poor and 10= Excellent). Across conditions, 32 participants (18 controls and 14 workshop participants) were interested in referrals for assistance for themselves or others. Of those that attended the study workshop, satisfaction ratings were high overall, with a mean response of 9.2 ( $SD=1.28$ ).

### 3 RESULTS

#### 3.1 Power Analysis

An *a priori* power analysis was conducted using G Power (Faul, Erdfelder, Lang, & Buchner, 2007). Because a thorough literature review revealed no findings to inform the average effect size required for this study, Cohen's (1992) recommendations for a small effect size were used (effect size  $f^2 = .5$ , power = .8,  $\alpha$  err probability = .05). Based on the results of this power analysis, a sample of at least 34 was recommended to detect a medium sized effect for a two-tailed test linear regression model.

#### 3.2 Participants

Participants ( $N = 53$ ) ranged in age from 18-62 years and the mean age was similar in the workshop (39 years) and control group (34 years). Most were women with children, with (87%) of respondents having between 1-7 children. About half of the participants (26/53) identified their country of origin as Mexico, and immigrant status and mean time in the U.S. were similar for workshop (14 years in U.S.) and control groups (12 years in U.S.). Other countries of origin included: Colombia, El Salvador, Guatemala, Honduras, Dominican Republic, Venezuela as well as European nations and the United States. The mean educational level was similar in treatment (11 years) and control groups (10.22 years), the most frequent response being a Latin American high school equivalent ( $n=46$ ). All participants resided in 15 different counties in Georgia. The most frequently endorsed marital status was married ( $n=20$ ), followed by living with a partner ( $n=10$ ). Participants' occupations were mostly in the service industry with a few ( $n=4$ ) working in health or education occupations.

### 3.3 Confirmatory and Exploratory Factor Analyses

#### 3.3.1 Missing data

Due to time constraints at one workshop site, 26% of the total participants were missing pre-test data. Throughout the data set, 28.6% of all possible values were missing due to the missing pre-test data, no answers provided, or “don’t know.” A variable was created to code missing pre-test cases and correlational analyses were used to look for significant relationships with other variables, and the missing data were imputed for these variables 80 times using multiple imputation (Little & Rubin, 1998). Past services from Caminar Latino or another DV program positively correlated with missing pre-test data ( $r(50) = .488, p < .01$ ), and this item was included as a control variable in subsequent analyses.

#### 3.3.2 Data screening and preliminary analyses

Mean and standard deviations are shown in Table 2 for the original data. The N range for original data was 39-53. Pearson Correlations are shown for pooled data set in the table.

Table 2 Correlations Among and Descriptive Statistics for Key Study Variables

	<i>M (SD)</i>	Age	Edu	SOC1	SOC2	Know1	Know2	Líd. Iden.
Age	36.9 (8.76)		.17	-0.06	-0.08	0.15	-0.09	-0.09
Edu	10.58 (3.88)			-0.01	-0.81	0.31	0.22	-0.10
SOC T1	43.85 (18.84)				0.81*	0.18	0.16	0.19
SOC T2	48.10 (17.42)					0.10	0.15	0.29
Know1	42.74 (8.45)						0.65*	0.04
Know2	44.58 (8.65)							0.08
Líd. Iden.	8.04 (2.97)							

*Notes.* Edu = years of education. SOC1 = pre-test sense of community scale score. SOC2 = post-test sense of community scale score. Know1= pre-test DV knowledge sum score. Know2 – post-test DV knowledge sum score. Líd. Iden. = identification with community leaders as members of community.

\*  $p < .01$ .

### **3.3.3 Test of hypothesis 1**

Regarding communication about DV, respondents overwhelmingly reported a willingness to talk about DV with their partners, children, friends and other family members, if applicable. Few ( $n=2$ ) did not indicate a willingness to talk with friends or family at either pretest or posttest. Due to this lack of variability in responses, the association between workshop attendance and communication about DV with family and friends could not be examined, and the moderation effect predicted in Hypothesis 1 could not be tested. Overall, our sample demonstrated positive responses when asked whether they could talk about the topic of DV in their homes and communities.

### **3.3.4 Test of hypothesis 2**

Mean responses to the DV knowledge items are shown in Table 3 (10-point Likert scale with 0= not true and 10= very true). As the table shows, there were ceiling effects for workshop group responses to items “a survivor can only access services if she or he has papers,” “yelling and insulting a person is a form of domestic violence,” and “there are certain situations when hitting a partner is acceptable.” This made it impossible to detect improvement on these items because most participants’ were close to completely confident of their correct response at pretest. The items with sufficient variability at pretest to allow measurement of bidirectional change, including “the only option for survivors is to leave their partners,” and “domestic violence only

affects children when they witness violence directly,” show similar raw mean values for the workshop and control groups at pretest and posttest, so there appears to be no justification for conducting a multivariate test of the main effect for control group and workshop group differences in knowledge scores. Descriptive analyses of knowledge scores presented in Table 3 were therefore conducted on the full sample. Table 4 presents the results of a linear regression analysis in which DV services, age, education, and pre-test DV knowledge were entered as control variables based on patterns of missing data and relationships with the predictor/criterion variables. The regression model shows there were no main effects for previous services, age, acculturation, and pre-test scores of DV. A treatment by pre-SOC interaction term was also non-significant. However, level of education remained predictive of knowledge scores even when controlling for previous services, acculturation, and pre-test scores of DV knowledge and SOC.

Table 3 Sample Means and Standard Deviations for DV Knowledge Survey Items

Survey questions	Workshop Intervention Group		Control Group	
	<i>N</i>	<i>M (SD)</i>	<i>N</i>	<i>M (SD)</i>
<i>1. A survivor can only access services if she or he has papers.</i>				
	Pretest	12 10.00 (0.00)	27	8.70 (3.12)
	Posttest	26 9.62 (1.36)	26	9.35 (2.35)
<i>2. The only option for survivors of domestic violence is to leave their partners.</i>				
	Pretest	12 7.67 (4.25)	25	6.84 (4.48)
	Posttest	25 7.48 (3.90)	25	6.40 (4.60)

3. *Yelling and insulting a person is a form of domestic violence.*

Pretest	11	9.00 (1.26)	27	8.44 (2.83)
Posttest	26	8.88 (2.40)	26	9.38 (1.30)

4. *Domestic violence only affects children if they witness physical violence directly.*

Pretest	12	7.92 (3.87)	27	6.41 (4.79)
Posttest	26	7.85 (4.05)	26	7.77 (4.17)

5. *There are certain situations when hitting a partner is acceptable.*

Pretest	12	10.00 (0.00)	27	10.00 (0.00)
Posttest	26	9.42 (2.04)	26	10.00 (0.00)

6. *The effects of domestic violence are the same in all communities.*

Pretest	12	2.33 (4.10)	27	1.33 (2.80)
Posttest	26	1.85 (3.68)	25	1.76 (3.72)

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*Notes.* Score range: 0-10, with anchor labels 0=false, 10= true. All items except #3 were recoded as 0=true, 10=false to reflect factual inaccuracy. Higher scores reflect greater DV knowledge.

Table 4 Linear Regression Analysis for DV Knowledge (N= 53)

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	B	S.E.	<i>t</i>	<i>P</i>
Past DV Services	4.05	3.05	1.33	0.19
Age	-0.10	0.14	-0.71	0.46
Education	1.12	0.36	3.09	0.00
Workshop	-0.74	2.65	-0.28	0.78
Pre SOC	-0.02	0.09	-0.16	0.87

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SOC x Workshop	1.21	2.92	0.42	0.67
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*Notes.* Mean-centered variables were computed for the interaction term. Standardized coefficients are not calculated for imputed data sets (Little, Jorgensen, Lang, & Moore, 2014).

### 3.3.5 Test of hypothesis 3

A regression model was conducted to test the third study hypothesis that workshop participants who have a strong sense of community at pre-test would be more likely to view the community leaders as members of their own local community compared to workshop attendees with a weaker sense of community at pretest and all control group participants.

The linear regression was fitted with the post-test question “*Siento que la mujeres en el programa Líderes son miembros de mi comunidad,*” [I feel the women in the Líderes program are members of my community] as the outcome variable (0=Strongly Disagree, 10=Strongly Agree). Workshop attendance (treatment), pre-test Sense of Community scores, as well as an interaction term (treatment-by-sense of community) were entered predictor variables. The variables (1) received DV services in the past and (2) age were entered as control variables based on patterns of missing data and relationships with the predictor/criterion variables. When controlling for past services and age, there was a significant interaction between workshop attendance and sense of community. A closer inspection of the interaction effect in Table 5 reveals that workshop group participants were strongly influenced by the strength of their own sense of community when they rated the extent to which workshop community leaders were part of that community. The correlation between personal sense of community and the *líderes*’ community membership was  $r = .77$  ( $p = .003$ ) at pretest ( $n = 12$ ) &  $r = .80$  ( $p = .001$ ) at posttest ( $n = 24$ ) for the workshop group, compared to  $r = .28$  ( $p = ns$ ) at pretest ( $n = 23$ ), and  $r = .27$  ( $p = ns$ ) at posttest ( $n = 23$ ) for the control group. This pattern of correlations suggests

workshop participants who felt a stronger sense of being part of a community were predisposed to view the *líderes* as also belonging to that community, while workshop participants who had weaker community bonds tended to think the *líderes* were also less representative of their community. This tendency for workshop participants to view the community leaders as similar to themselves was not clearly evident for control group participants.

Table 5 Linear Regression: Perception of Latina Community Leaders ( $N = 53$ )

	B	S.E.	<i>t</i>	<i>P</i>
Past Services	0.97	0.89	1.09	0.28
Age	-0.12	0.05	-0.25	0.80
Workshop	-.03	0.83	-0.03	0.98
Pre SOC	.032	0.03	1.14	0.26
SOC x Workshop	2.11	0.88	2.39	0.02

*Notes.* Centered variables were computed for the interaction term. Standardized coefficients and  $R^2$  are not calculated for imputed data sets (Little, Jorgensen, Lang, & Moore, 2014).

### 3.4 Qualitative Analysis

A modified grounded theory approach was used to guide data analysis of participant responses to open-ended question, researcher notes, and a group interview with 2 participants. Classic grounded theory has as its overarching aim the formulation of a theoretical framework that will explain a particular concept or phenomenon (Glaser, 1965). By contrast, a constructivist or “modified” grounded theory (Charmaz, 2008) presents qualitative outcomes as a narrative reflective of study participants, as well as their personal interpretations of these experiences. This approach has been applied in domestic violence research with Latinos, with immigrant populations, and other marginalized groups and lends itself to the participatory nature of the present study (Akinsulure-Smith, Chu, Keatley, & Rasmussen, 2013; Casey, 2010; Charmaz, 2008). According to Charmaz (2008) a constructionist grounded theory approach allows the researcher flexibility to adapt a set of coding and analytic recommendations to a study, and move beyond “what” questions to the “why” questions relevant to asking participants to interpret study findings.

Classic grounded theory (Glaser, 1965), while historically not detailing specific data collection techniques, involves simultaneous coding and collection of data, and a reliance on a variety of comparative methods to generate insights and hypotheses, rather than test hypotheses formulated prior to data collection (Berterö, 2012). The comparative technique used in modified grounded theory involves comparing different researcher perspectives as well as participant comments at different time-points (Charmaz, 2008). In the present study the comparative technique meant researchers discussed their notes and participant comments after collecting the initial survey data, and compared this with information gathered from a group interview to identify and refine thematic categories. For instance, bilingual research assistants identified the importance of Caminar Latino to participants' stated sense of community during survey data collection. This theme was elucidated by returning to original study participants to gain more information in a group interview and through open coding. Each line of data was examined separately in initial coding, and these perspectives were contrasted and refined with other researchers' input (Charmaz, 2008). This approach protected against the researcher simply confirming her own ideas with the text (Morgan, 1998).

The Spanish transcription and English translation were completed by a bilingual research assistant outside of Georgia State. Each transcript was read in its entirety in order to become familiar with the content (Riemen, 1986) before engaging in line-by-line analysis, aided by qualitative data analysis software NVivo 9 (QSR International 2010). The student P.I. conducted the line-by-line coding of the researcher notes, responses to open-ended questions from the individual surveys, and group interview, seeking to find multiple themes per line of qualitative text, and compared these impressions with the impressions other researchers (Morgan, 1998). A

fluent Spanish-speaking research assistant outside the Georgia State research group aided with the analysis of Spanish text in order to retain the nuances of language in its original form.

The final categorical themes emerging from this study included: (1) Sense of connection and support derived from Caminar Latino, (2) Family communication about domestic violence, (3) Support for children and teens and (4) Interest in hearing more about the community leaders' personal experiences with DV.

### ***3.4.1 Sense of connection and support from Caminar Latino***

Both in the group interview and individual interviews, Caminar Latino was frequently referred to by women as an important source of support in the community. In the group interview following survey data collection, one woman remarked, “now I feel more connected with what the community is.” For this woman, Caminar Latino had a direct impact on her feelings about the meaning of community.

Similarly, researchers noted that participants' survey answers were often influenced by their experiences with Caminar Latino. In this way, it was evident that for individuals in our sample, the Caminar Latino leadership training program was inseparable from the organization as a whole. In a similar vein, their reactions to the survey items were influenced by their experiences not only with the leadership program but also with other programs at Caminar. This was especially evident during interviewing on the sense of community questionnaire, where respondents frequently asked for clarification for what “community” referred to. One participant at the Caminar Latino offices asked a researcher if she was asking about “my neighborhood, or here?” Similarly, another woman attributed her feelings of community connectedness to attending the Caminar Latino parenting groups. When responding in agreement with the item “I

made new connections today,” on the adapted sense of community scale, she emphasized her new connections were made at Caminar Latino.

### **3.4.2 *Family communication about the issue of domestic violence***

Another thematic category concerned discussions about DV with family members. This area of the qualitative findings was particularly valuable as the quantitative findings left more questions than they answered regarding the capacity domain of communication. While it is commendable that nearly every participant reported a willingness to talk about DV with friends and family, comments from participants during individual interviews revealed other considerations impact the likelihood of open conversation about a serious issue such as DV. For example, one researcher noted that when asking a woman in the study about her level of comfort talking to her son about DV, she responded, “Yes, but he’s a baby.” While this type of comment reflects the obvious developmental barrier to talking with young children, it also fell in a larger line of comments about the appropriateness of holding conversations about DV with children. In the group interview, another woman elaborated on this idea:

Well there, I don’t think it’s the most appropriate. Because I’m not going to sit down with my son to talk about violence, I think that the topic of violence is a bit heavy. And it depends on the children’s ages, to have the maturity to understand.

This concern suggests that responses to the quantitative survey may reflect participants’ feelings under appropriate conditions. That is, talking to children of a more mature age and in an appropriate manner. It may be, for example, that different types of violence, including sexual and physical violence, may be easier to talk about than others. The type of relationship a parent has with their child may also impact discussions about community issues. The quality of

relationship was mentioned by a woman in group interview with regards to talking with significant others:

Now I can [talk] because I have a new partner. Anything I hear I share with him he's more understanding. I can't communicate with my ex-partner; there I couldn't communicate nor share something so that we could understand each other. No. So I think it depends on what the partner is like.

In this quote we can observe the importance of a receptive partner for communication. Again, endorsement of communication with partners as well as children in this study may reflect ideal conditions for talking about DV. In this case, with a family member that can demonstrate openness and understanding.

### ***3.4.3 Support for children and teens***

Communication with children often overlapped with the thematic category of interest in programming and workshops for youth. Adults pointed to community workshops by the Latina leaders as a potential source of guidance for how to talk to their children and address issues affecting youth. When responding to open-ended questions about how the Líderes program could improve during an individual survey interview, one woman specifically asked for “[Workshops] to educate children 12 and older... and educate them on value, to be great people.”

This quote captures the participant's perception of the leadership program as a potential source of support to parents and their children. It also suggests the early teen years as a starting point for engaging children in topics relevant to their community. Importantly, this community member captured the need for future workshops to go beyond DV education and raise “great people.” Overall, a sizable portion of the total sample (n=17, 32%) said in their individual

interview that they were interested in more outreach on child-rearing and youth. Subtopics of interest included (1) how to talk about violence with children, (2) drugs, and (3) sex education.

#### ***3.4.4 Interest in personal testimonies and practical support***

Finally, about 10% of the overall sample (6 participants) expressed individual interest in hearing more of the Latina leaders' personal experiences with violence and/or strategies for overcoming or coping with DV during the survey interviews (i.e. in researcher notes or responses to open-ended questions). This suggests that there may be special significance to learning from community members with personal experiences with the domestic violence. Moreover, this type of dialogue and sharing may be something unique that peer leaders can offer, highlighting a unique strength of peer models. Other individuals commented on interest in workshops offering advice for living well (e.g. cooking). Similarly, in the group interview that followed the survey portion of the study, one woman mentioned interest in more practical support from community leaders, such as getting a ride home.

Overall, the qualitative themes that came from both researcher notes, open-ended questions, and a group interview provided crucial insight for the overall study findings. The qualitative findings suggest that connection or familiarity with the organization Caminar Latino had a strong influence on feelings of connectedness and community. It is likely that the connection to a trusted community center or organization like Caminar Latino was more salient to participants than the leadership program alone, particularly for those participants with strong connections to the Caminar Latino community.

Moreover, the qualitative findings helped the researchers make sense of unexpected qualitative results. In particular, the two women that attended the group interview suggested that "private" responses may differ from answers on a more public survey. This was consistent with

reservations expressed to researchers with regards to talking about DV with children, especially young children. Finally, the qualitative data provided a clear direction for workshops and action that would be immediately relevant to community members in this study. Specifically, many community members voiced a need for more workshops around issues affecting children.

## **4 DISCUSSION**

This is the first study to examine the impact of culturally relevant workshops on community members that attended peer-led workshops on domestic violence. This study was the natural extension of the student P.I.'s thesis work on examining the impact of the Líderes program on the community leaders themselves, who are all Latina, immigrant DV survivors (Macias, 2013). Overall, workshop attendees rated the workshops highly. Community members that attended a workshop were interested in hearing more first-hand accounts and experiences of the community leaders, and participants in both the workshop and control groups requested workshops to support positive youth development. These findings highlight the ways evaluation research can provide useful feedback to the community leaders on how their workshops are received by community members and provided directions for future programming.

### **4.1 Interpretations of study findings**

Collecting questionnaire feedback from workshop participants for improvements or workshop topics appears to be a sustainable practice in evaluations of DV intervention programs. For example, workshop participants can answer questions such as “How satisfied were you with today’s workshop?” and “What topics would you like to see in the future?” quickly with or without the use of visual aids (e.g. a Likert scale). In contrast, evaluating the impact on constructs like community capacity, as was done in this study, require a greater demand of time and resources, as well as a more rigorous evaluation design.

Regarding the first hypothesis, it was expected that workshop attendance would relate to greater comfort in discussing the issue of DV with family and friends. As it turned out, very few individuals in our sample were unwilling to talk about domestic violence with their partners, children, and friends. The qualitative portion of this study revealed the limitations of the measurement of this domain of capacity. Specifically, community members suggested both individually and in a group interview that the survey questions could not capture the full complexity of family and community discussions about DV. Parents in our study expressed important developmental considerations for talking about DV with their children, and reservations about talking to children also manifested in requests for workshop programming for youth issues and talking to children about violence, drugs, and sex. Future studies might explore how families actually talk about specific aspects of violence with their families and friends, such as responses to dating violence with teen children. Additionally, utilizing Likert-scaling would help to capture different levels of comfort in talking to specific family members.

For the second hypothesis, it was expected that workshop attendance would relate positively to cultural-specific DV knowledge. Overall, participants demonstrated good knowledge of basic DV facts, and in particular were able to easily identify verbal abuse as DV, and reject the myth that it is sometimes OK to hit a partner. This study did not find a direct link between workshop attendance and DV knowledge. A likely explanation is that the questions on this survey were too basic and short. The knowledge scale was also limited in its ability to capture personal attitudes or experiences. For example, one may well understand legally they can access services as an undocumented immigrant, but this may not necessarily translate to confidence that their families are safe from deportation when calling the authorities (Ammar, Orloff, Dutton, & Aguilar-Hass, 2005). The best predictor of knowledge scores in this study was

educational attainment. This suggests that more years of schooling may expose individuals to more accurate knowledge about violence and access to DV services. It is possible the workshop didn't influence knowledge scores because many individuals had been exposed to the more common DV myths through informal networks, media, and/or through involvement with other Caminar Latino programs.

Finally, the third hypothesis predicted that a pre-existing sense of connection to one's community would be related to greater identification with the community leaders in the workshop condition, and this finding was supported by the data. Apparently, for the majority of individuals in our Latina sample, feeling connected to one's community facilitated openness to new programs and to representatives from those programs. Being connected to Caminar Latino, a trusted entity in the Atlanta community may have been enough for community members to establish trust and interest in the peer-led program. Importantly, this finding also suggests that workshops led by peer community leaders may be limited in their ability to establish trusting relationships with individuals with weak ties to their communities. This has important implications for similar models including *promotora* and CHW programs. New community-based programs may benefit from collaboration with long-standing, trusted community organizations or entities, such as churches. Alternatively, programs could work on building a sense of community through exercises and activities as part of a workshop intervention. It is also important to note that the present study recruited individuals already participating in church, parenting programs, and other community activities. This fact underscores the importance of finding ways to reach community members that are isolated, living in rural areas, or face other barriers to engagement, such as mental or physical illness.

The Sense of Community Scale used in testing all three hypotheses was originally developed by McMillan & Chavis (1986), and showed excellent reliability in our sample. However, future studies may benefit from asking participants themselves how they define their communities. The knowledge and communication scales require more development, and the knowledge scale in particular would benefit from a wider range of questions for multiple domains (e.g. children, forms of violence, access to services).

Lack of random assignment, homogeneity of the sample, and small sample size were the chief limitations to the quantitative component of the study. Due to the quasi-experimental design, the present study could only partially control for threats to internal validity. However, alternative design strategies, such as implementing random assignment, or asking individuals from a community with documented barriers to resources to wait for an intervention, were not viable options, because they are inconsistent with the participatory and theoretical frame of the Líderes program. Also, when planning this workshop evaluations, selection of appropriate measures and procedures had to be balanced against issues of feasibility and sensitivity to participant's time and privacy. Efforts to keep the questionnaire brief likely impacted the ability to detect differences in knowledge and communication. For instance a longer knowledge scale may have allowed for more variability of responses by providing more questions per dimension of knowledge (e.g. knowledge about effects on children, availability of services). Similarly, asking open-ended questions about communication or using a Likert scale may have helped detect treatment effects for this domain of capacity. It is also likely that past exposure to Caminar Latino (or DV outreach from other sources, such as media campaigns), may have led to greater knowledge regarding basic DV concepts and access. In this proposed study, the capacity to talk with family and community about DV and knowledge were also treated as variables of interest

rather than observed or reported behaviors. While there is empirical support for the assumption that participants' stated intentions are valid indicators of future behavior (Ajzen & Sheikh, 2013; Nabi, Southwell, & Hornik, 2002), future studies may strive to incorporate retrospective behavior measures at future time points.

Despite the study's challenges, of the 53 individuals in the total sample, 32 individuals (18 controls 14 workshop) expressed interest in referrals for themselves or family from the Latina community leaders. Given that previous research has demonstrated that Latinas underutilize formal support and prefer informal support systems in the context of DV (Ingram, 2007; Zarza & Adler, 2008), our findings suggest that the Líderes program may be an effective way to reach Latinas and their families for support, education, and importantly, for connecting to needed support and resources.

#### **4.2 Implications for Future Research**

Ideally, any study examining capacity in community-based settings should aspire toward full participation from community members throughout the research process to ensure that research questions are relevant (Massey & Barreras, 2013). Participatory Action Research (PAR) is the highest form of participatory research because PAR strives to balance power in the researcher-participant relationship (Dworski-Riggs & Langhout, 2010; van der Velde, Williamson, & Ogilvie, 2009) by encouraging the inclusion of affected community members in every stage of the research process, conceptualization, data collection, data analysis, interpretation of findings, and dissemination (Blumenthal, 2011; Langhout & Thomas, 2010). To reach this goal, many PAR projects create formal research assistant positions that are filled by participants from the community or program under study who are trained as recruiters, interviewers, focus group leaders, data managers, or qualitative data analysts (Case et al., 2014;

Marlett, Shklarov, Marshall, Santana, & Wasylak, 2014). However, it is rare for study participants and/or community representatives to be included in the interpretation and framing of research findings for publication and public presentation (Hagger-Johnson, Hegarty, Barker, & Richards, 2013). In fact, most community-based studies do not share their findings directly with study participants or community residents prior to publication. In a recent review of over 100 academic journal articles generated by community-based participatory research projects, only 48% reported any dissemination efforts other than the journal publication itself (Chen, Diaz, Lucas, & Rosenthal, 2010).

A novel aspect of the present study is its follow-up with individuals who were invited to discuss, interpret, critique, and elaborate research findings based on data they had helped to generate. The group interview was designed to elicit stories participants saw in the study data based on their own experiences, the lives of their partners and children, as well as extended family, friends, and neighbors (Riggs, 2013), thereby translating abstract concepts, scores, and preliminary categories into richer accounts. Asking research participants to interpret study findings in light of what they found personally and politically relevant not only grounded the present project in the spirit of *concientización* (Freire, 1998; Martin-Baró, 1996), but also created a seamless transition from the interpretation and summation of findings into the first stages of dissemination to this local community (Massey & Barreras, 2013; Speer & Christens, 2013). The on-going evaluation of Caminar Latino and the Líderes program will benefit from continually returning to evaluation participants to enrich quantitative findings.

The observations of the participants in this study echo the importance of personal transformation and community connection essential to the success of leadership training programs like Líderes (Serrata et al., 2015). These parallel experiences of community leaders,

who can intimately relate to the experiences of the community members has the potential to have an empowering effect by changing the meaning of negative life events (Herman & Harvey, 1997). While none of the participants were asked directly in the interviews about their personal experiences with domestic violence, 1 in 3 Latina women have experienced violence from a partner in their lifetime, including physical violence, sexual assault and stalking (Breiding, Chen, & Black, 2014). Thus, it is possible that many of the women in our sample had some experience with violence either directly or indirectly. Moreover, like the peer leaders, many of the study participants were immigrant Latinas with children. Future studies might explore further using qualitative methods how visibility of peer leaders and health workers can facilitate trust and engage community members in their own transformative processes.

#### **4.3 Challenges and Considerations for Community Programs**

Meticulous planning cannot anticipate every challenge in community research. Natural environments are continuously changing (Ozanne & Saatcioglu, 2008; Zani & Cicognani, 2010), and concerns about participant welfare, cultural appropriateness, and the feasibility of data collection plans sometimes become evident only after immersion in the community under study (Burnette, Sanders, Butcher, & Rand, 2014; Cook, 2009; Farquhar & Wing, 2003; Manders & Galvani, 2015). There were several unanticipated obstacles to full implementation of the current project. First, changes in staff at Caminar Latino limited the availability of support staff for the project. Second, timelines in community projects often require last minute readjustment, and cancelations or delays of meetings, to accommodate unexpected changes in the community leaders' work schedules and physical health (e.g. pregnancies). It would be advantageous for future participatory research projects to anticipate and plan for staff turnover.

Also, as a result of time constraints, a considerable number of study participants did not complete the pre-test questionnaire. Reanalysis with imputed pretest scores was a viable adjustment to the analysis plan, though not ideal. Future community researchers should consider novel approaches for handling missing data, including “planned missingness” (Little et al., 2014). With the clear advantage of shortened scales over lengthy surveys, planned missingness also presents its own potential challenges in community-based evaluation. Though the demands on survey participants can be reduced dramatically by administering only a portion of a full scale measure, more participants and resources for collecting those data would be needed for the purposes of analysis. This may not always be possible, particularly with hard to reach populations where sample sizes of 200 and more would be difficult to obtain. Because both staff and community stakeholders who were strongly supportive of the current project commented that the pretests and posttests seemed too lengthy, it appears advisable for future studies to consider the feasibility of collecting many, briefer surveys using planned missingness. Additionally, piloting brief versions of standard surveys may aid evaluation studies with limited time and resources, such as personnel and space, for data collection (Gogol et al., 2014).

Selection bias was also a serious concern in this study design. Although individuals in the control group did not attend a peer-led DV workshop, involvement in other community activities such as parenting or an exercise class may have made them more likely to be exposed to *Caminar Latino* or be more active in their community. This in turn may have affected their survey responses. While this study controlled for past services in the regression analyses, future studies could go further by collecting in communities outside of Atlanta or by partnering with Latino-serving churches and schools.

Like other aspects of this community-based research project, the follow-up group interview worked out differently than initially planned. While every woman that provided consent and attended a workshop was invited to participate, only two women made it to the group interview. More interviews may have helped reach what grounded-theorists call “saturation,” that is, when all new lines of coded data fall into existing categories (Morse, 1995). Continuing the evaluation of the Líderes program both in Atlanta and other cities where the Líderes program is implemented could potentially deepen these preliminary findings via more qualitative interviewing, creating more expansive, analytic summaries of the data (Charmaz, 2000). These lessons learned must be better understood in light of broader methodological limitations of the mixed-method design.

Future research should explore the effectiveness of the Líderes program as it is implemented in other communities. While the researchers and community leaders expected audiences of women only, the presence of several men at the workshops underscored the need for more inclusion of men in programs and research. Indeed, recipients of peer-led interventions are more often women than men (Swider, 2002), and this may be partly because many peer-leaders are women themselves. Additionally, research with other diverse Latino communities, including migrant camps, rural areas, and other locations can continue to develop our understanding on the impact of community-based workshops.

Finally, a cost-benefit analysis would be a critical next step in understanding a peer model program’s advantages compared to traditional services (Swider, 2002). The Latina leaders in this study, as well as the research team, were all volunteers with Caminar Latino. Caminar Latino also donated space and equipment to the study. Understanding what demands the program requires in terms of volunteer hours, staff, consultants, and workshop materials can help other

organizations interested in implementing the program and compare the program to alternatives (Flay et al., 2005).

As part of the ongoing, larger evaluation efforts of Casa de Esperanza and Caminar Latino, the proposed study offers an important stepping-stone to stronger experimental designs. For example, the study might be expanded to a time-series design with participants that attend the intervention and then future activities in order to replicate findings that multiple in-person peer interventions result in behavior change (Bird, Sperry, & Carreiro, 1998). Additionally, should we find tentative support for a causal relationship using interaction effects, replication would be critical for controlling for chance data fluctuations (Cook & Campbell, 1979).

Despite limitations to the study design, exploring discussions about DV among community networks extends the literature base in meaningful ways. Similar studies with a qualitative component have found that simply asking women about their lives at home had a therapeutic effect (Becho, Burge, Katerndahl, Ferrer, & Wood, 2013). It may be that repeated discussions of an on-going DV situation with a trusted other person can promote effective action toward potential resolutions (Becho et al., 2013; Hegarty, 2008). The unique contribution of this proposed study lies in its participatory, self-empowering framework, and focus on women as agents of change and as resources within their own communities.

## **5 CONCLUSIONS**

Community members were intricately involved in the planning of this study and, in line with this participatory approach, will continue to be involved in executing data collection and the interpretation of results. Caminar Latino is, to date, the only organization offering comprehensive Spanish language and culturally-relevant DV intervention and education to the

Atlanta area community. Community members were directly engaged in the interpretation using the group interview, and community reports can provide Caminar Latino with critical feedback and information that can continue to help improve programming.

Providing the results of this study to the organization is useful to community organizations, as funding agencies increasingly request documentation and evidence for program activities (Satterfield et al., 2009). Additionally, the community leaders' familiarity and involvement in the research process is consistent with the empowerment focus of the program. Study findings can provide the Líderes program with a better understanding of the ways that they can promote wellness and nonviolence in their communities.

Of course, a one-day workshop cannot be more than what it is—a brief intervention that provides attendees with a limited exposure to issues and a single opportunity to learn critical information about community issues and resources. From this brief dose, participants may choose to talk to others about the problem and how it may relate to their family or engage in other participatory behaviors. Despite challenges in evaluating participatory and community-led programs, this proposed study adds to the literature base in the area of domestic violence prevention research and addresses important gaps to our understanding of the mechanisms that contribute to the effectiveness of peer-led programs.

Presently, the Líderes program meets monthly to plan community activities and have also expanded their roles within Caminar Latino, including fund raising and co-facilitating domestic violence support groups. The women have provided community outreach at health fairs, churches, and homes and been featured on local radio. The group continues to increase their own knowledge about topics relevant to the Latina community. The findings from the present study can aid the community leaders as they continue to refine their community presentations and

workshops, and provide critical feedback to Caminar Latino as the organization seeks to train a new cohort of young adult community leaders.

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SOC4 La gente en esta comunidad son buenos para influenciarse mutuamente.

[People in this community are good at influencing one another.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

SOC5 Me siento conectada/o a la comunidad.

[I feel connected to the community.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

SOC6 Me siento cercana/o con otras/os en la comunidad.

[I am close with others in the community.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

SOC7 Hice nuevas conecciones hoy con las/los demás.

[I made new connections with others today.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

¿Cuántos años tiene? How old are you?

¿Dónde nació usted? Where were you born?

¿Cuántos años ha vivido en Los Estados Unidos? años \_\_\_\_\_ meses \_\_\_\_\_

How many years have you lived in the U.S.?

¿En cual qué condado vive usted? What county do you live in?

¿Qué tipo de trabajo hace? What type of work do you do?

¿Cuántos años de escuela completó? How many years of school have you completed?

¿Cuántos hijos e hijas tiene usted? How many sons and daughters do you have? \_\_\_\_\_ hijas \_\_\_\_\_ hijos

¿Usted está.... Are you

- a. Casada? Married
- b. Soltera? Single
- c. Divorciada/separada?  
Divorced/separated
- d. Viuda? Widowed?
- e. Viviendo con un compañero? Living  
with partner
- f. Otro \_\_\_\_\_

Puede usted hablar sobre la violencia doméstica con (marque con una equis todo lo que le aplica) :

Can you talk about domestic violence with (mark with an x all that apply) :

Su Pareja? [Your partner?]

Su hija o sus Hijas? [Your daughter or daughters?]

Su hijo o sus Hijos? [Your son or sons?]

Amigo/as o otros familiares? [Friends or other family members?]

¿Ha asistido usted a algún taller de Líderes Comunitarias en el pasado? ¿Si participó anteriormente, cuál era el tema del taller? [Have you attended another Líderes Comunitarias workshop in the past? If so, what was the theme of the workshop?]

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## Appendix A.2

### Evaluación del taller: Post

Taller:

Fecha:

Ubicación:

Complete por favor la siguiente evaluación. Sus ideas y opiniones nos ayudarán a planear talleres en el futuro. Esta evaluación es confidencial y su nombre y otros datos personales no serán conectados con sus respuestas. [Please complete the following evaluation. Your ideas and opinions will help us plan future workshops. This evaluation is confidential and your name or other personal information will not be connected to your answers.]

- Prefiero los talleres en . . . (marque con una equis):** Español solamente
- I prefer workshops in...* [Spanish only]
- Inglés solamente
- [English only]
- No tengo preferencia
- [No preference]

**Conteste por favor las siguientes preguntas acerca la violencia doméstica.** [Please answer the following questions about domestic violence.]

- DV1 Una/un sobreviviente tiene acceso a los servicios nada más si tiene papeles.  
[A survivor can only access services if she or he has papers.]
- 0 1 2 3 4 5 6 7 8 9 10**
- No es cierto un poco cierto muy cierto
- DV2 La única opción para las/los sobrevivientes de la violencia doméstica es dejar a sus parejas.  
[The only option for survivors of domestic violence is to leave their partners.]
- 0 1 2 3 4 5 6 7 8 9 10**
- No es cierto un poco cierto muy cierto
- DV3 Gritarle e insultar a una persona es una forma de violencia doméstica.  
[Yelling and insulting a person is a form of domestic violence.]

- |  |              |                |          |          |          |          |          |          |            |          |           |  |
|--|--------------|----------------|----------|----------|----------|----------|----------|----------|------------|----------|-----------|--|
|  | <b>0</b>     | <b>1</b>       | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b>   | <b>9</b> | <b>10</b> |  |
|  | No es cierto | un poco cierto |          |          |          |          |          |          | muy cierto |          |           |  |
- DV4 La violencia doméstica afecta a los niños nada más si presencian directamente la violencia física.
- [Domestic violence only affects children if they witness physical violence directly.]
- |  |              |                |          |          |          |          |          |          |            |          |           |  |
|--|--------------|----------------|----------|----------|----------|----------|----------|----------|------------|----------|-----------|--|
|  | <b>0</b>     | <b>1</b>       | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b>   | <b>9</b> | <b>10</b> |  |
|  | No es cierto | un poco cierto |          |          |          |          |          |          | muy cierto |          |           |  |
- DV5 Hay ciertas situaciones cuando el pegarle a la pareja es aceptable.
- [There are certain situations when hitting a partner is acceptable.]
- |  |              |                |          |          |          |          |          |          |            |          |           |  |
|--|--------------|----------------|----------|----------|----------|----------|----------|----------|------------|----------|-----------|--|
|  | <b>0</b>     | <b>1</b>       | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b>   | <b>9</b> | <b>10</b> |  |
|  | No es cierto | un poco cierto |          |          |          |          |          |          | muy cierto |          |           |  |
- DV6 Los efectos de la violencia doméstica son los mismos en todas las comunidades y culturas.
- [The effects of domestic violence are the same in all communities.]
- |  |              |                |          |          |          |          |          |          |            |          |           |  |
|--|--------------|----------------|----------|----------|----------|----------|----------|----------|------------|----------|-----------|--|
|  | <b>0</b>     | <b>1</b>       | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b>   | <b>9</b> | <b>10</b> |  |
|  | No es cierto | un poco cierto |          |          |          |          |          |          | muy cierto |          |           |  |

**Díganos por favor qué tanto está de acuerdo ó no con las siguientes declaraciones acerca de su comunidad.** [Please tell us how much you agree or disagree with the following statements about your community.]

- SOC1 Puedo conseguir lo que necesito en mi comunidad.
- [I can get what I need in my community.]
- |  |                        |                       |          |          |          |          |          |          |                   |          |           |  |
|--|------------------------|-----------------------|----------|----------|----------|----------|----------|----------|-------------------|----------|-----------|--|
|  | <b>0</b>               | <b>1</b>              | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b>          | <b>9</b> | <b>10</b> |  |
|  | No estoy<br>en acuerdo | un poco de<br>acuerdo |          |          |          |          |          |          | muy de<br>acuerdo |          |           |  |
- SOC2 Esta comunidad me ayuda a satisfacer mis necesidades.
- [This community helps me fulfill my needs.]
- |  |                        |                       |          |          |          |          |          |          |                   |          |           |  |
|--|------------------------|-----------------------|----------|----------|----------|----------|----------|----------|-------------------|----------|-----------|--|
|  | <b>0</b>               | <b>1</b>              | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b>          | <b>9</b> | <b>10</b> |  |
|  | No estoy<br>en acuerdo | un poco de<br>acuerdo |          |          |          |          |          |          | muy de<br>acuerdo |          |           |  |
- SOC3 Tengo voz sobre lo que pasa en esta comunidad.

[I have a voice about what goes on in this community.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

SOC4 La gente en esta comunidad son buenos para influenciarse mutuamente.

[People in this community are good at influencing one another.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

SOC5 Me siento conectada/o a la comunidad.

[I feel connected to the community.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

SOC6 Me siento cercana/o con otras/os en la comunidad.

[I am close with others in the community.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

SOC7 Hice nuevas conecciones hoy con las/los demás.

[I made new connections with others today.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy en acuerdo	un poco de acuerdo								muy de acuerdo	

LID8 Siento que las mujeres en el programa Líderes son miembros de mi comunidad.

[I feel the women in the Leaders program are members of my community.]

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
No estoy		un poco								muy de
en acuerdo		de acuerdo								acuerdo

Puede usted hablar sobre la violencia doméstica con (marque con una equis todo lo que le aplica) :

Can you talk about domestic violence with (mark with an x all that apply) :

Su Pareja? [Your partner?]

Su hija o sus Hijas? [Your daughter or daughters?]

Su hijo o sus Hijos? [Your son or sons?]

Amigo/as o otros familiares? [Friends or other family members?]

**¿Ha recibido servicios de Caminar Latino o cualquier otro programa para la violencia doméstica en el pasado?**

[Have you received services from Caminar Latino or another domestic violence organization in the past?]

Sí [Yes]

Si recibió servicios, por cuánto tiempo? \_\_\_\_\_  
[If you received services, for how long?]

No

**Pedirias de los líderes recomendaciones hoy para ayuda o apoyo de otros programas o agencias (marque con una equis todo lo que le aplica)?**[Would you ask the leaders for recommendations for support from other programs or agencies today?]

Sí [Yes]

No

Comentarios [Comments]:

---

Si usted participo hoy de un taller sobre violencia domestica por favor contéste las siguientes preguntas. [If you participated in a workshop on domestic violence today please answer the following questions.]

¿Qué le pareció el taller de hoy? [What did you think of the workshop today?]

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
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No muy bueno [Not very good]

Excelente [excellent]

¿cómo crees que podemos mejorar nuestros talleres? ¿hay algún tema (o temas) que le gustaría que se cubra en nuestros talleres? [How do you think we can improve our workshops? What other theme or themes can we include in our workshops?]

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